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APPLICANTS

Mano Shaarpour, Sugar Land, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** 02/25/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	DRAWING 0	24	4
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Karen B. Tripp
 Attorney at Law
 P.O. Box 1301
 Houston , TX
 77251-1301

TITLE

Method and composition for preventing or treating lost circulation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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